

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/544,245

10/2/96

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1						52						
3	1						53						
4	1						54						
5	12						55						
6	37						56						
7	1						57						
8	④1						58						
9	④						59						
10	④1						60						
11	④						61						
12	④1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21			1				71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	2	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	19	←	29	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	20	31					TOTAL CLAIMS						

BEST AVAILABLE COPY